

SENDER COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <i>T-Mobile USA</i></p> <p><b>X</b> <i>4 Sylvan Way</i></p> <p>Attn: <i>Parsippany, NJ 07054</i></p> <p>B. Received by (Printed Name) <i>54</i> Date of Delivery</p> <p>C. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>D. 22 A 10:11</p>	
1. Article Addressed to:		RECEIVED	
<p><i>T-Mobile</i></p> <p><i>Legal &amp; Emergency Response</i></p> <p><i>4 Sylvan Way</i></p> <p><i>Parsippany, NJ 07054</i></p>			
2. <i>7018 1830 0000 9605 5838</i>		3. Service Type	
		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

